

Community Services

Date Received: _____

Reservation Number: _____

Escalante Community Center Room Reservation Form 2007

ORGANIZATION INFORMATION

Organization Name: _____ Responsible Party: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Description of meeting/event _____

Is the group non-profit? Yes ___ No ___ Will selling or promoting a commercial product take place at this facility? Yes ___ No ___

PARTICIPANT INFORMATION

Target Group(s): Children _____ Teens _____ Adults (18+) _____

Residents: Yes _____ No _____ (Are at least 50% of the members Tempe Residents?)

Number of guests to attend: _____ Number of tables and chairs needed: _____

Special requests/needs: _____

Will food/drink or arts & crafts be used? Yes ___ No ___ If yes please explain: _____

ROOM RESERVATION POLICIES

- A Tempe resident will be the "Responsible Party", complete this form and MUST be present during the entire event.
- All requests must be submitted a minimum of 2 weeks prior to the event. Please allow 1 week for this application to be processed.
- This application is not final approval of your event, including the date or location. You are not authorized to advertise an event in a City of Tempe facility until you have received a written confirmation.
- Your request should include time for set-up and take down.
- Permittee is responsible for their own set-up, clean-up and returning the furniture to its original position.
- Permittee must check in at the front desk, pick up an attendance form and return it before leaving.
- Organizations using this building must be non-profit and/or involve at least 50% Tempe Residents.
- Selling or promoting a commercial product or anything for personal gain is prohibited.
- No smoking or alcoholic beverages permitted.
- Food and Arts & Crafts (painting) are ONLY permitted in specific rooms. You must include this in your request.
- Any changes or cancellations of reservations must be made ONLY by the responsible party. If a cancellation is necessary, call and notify at least 48 hours prior to the event. Three no-shows could result in termination of future use.
- If you or your organization have any questions concerning room reservation requests, please call the Escalante Community Center at (480)350-5800 or send a fax to (480)350-5815.

I have read the Room Reservation Policies and will ensure, as the Responsible Party of the meeting/activity, that all members in charge will also read and adhere to these policies.

Signature of Responsible Party

Date

BEGIN RESERVATION REQUESTS

November 9, 2006
 February 16, 2007
 May 18, 2007
 August 17, 2007

TIME PERIOD

January, February, March 2007
 April, May, June 2007
 July, August, September 2007
 October, November, December 2007

HOURS AVAILABLE

Monday-Thursday 8am-8:30pm
 Fridays 8am-7:30pm
 Saturdays 10am-4:30pm
 Sundays 1pm-5:30pm

ROOM PREFERENCE:**BRIO****BRAVO****LA PAZ****AMISTAD****SENIOR CENTER****DATES REQUESTED (PLEASE CIRCLE)**

JANUARY 2007						
S	M	T	W	TH	F	SA
		2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Facility Closed: January 1st
 Facility Hours: January 15th 12-6pm

FEBRUARY 2007						
S	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

Facility Hours: February 19th 12-6pm

MARCH 2007						
S	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Spring Break: March 12th-16th

HOURS: _____

HOURS: _____

HOURS: _____

APRIL 2007						
S	M	T	W	TH	F	SA
1	2	3	4	5	6	7
	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Facility Closed: April 8th

MAY 2007						
S	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Facility Hours: May 28th 12-6pm

JUNE 2007						
S	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

HOURS: _____

HOURS: _____

HOURS: _____

JULY 2007						
S	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Facility Hours: July 4th:12-6pm

AUGUST 2007						
S	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

HOURS: _____

SEPTEMBER 2007						
S	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Facility Hours: September 3rd 12-6pm

HOURS: _____

HOURS: _____

OCTOBER 2007						
S	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	

Rooms will be closed October 20th-October 31st

NOVEMBER 2007						
S	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21			24
25	26	27	28	29	30	

Facility Hours: November 12th 12-6pm
 Facility Closed: November 22nd & 23rd

HOURS: _____

HOURS: _____

DECEMBER 2007						
S	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24		26	27	28	29
30	31					

Facility Hours: December 24th & 31st 8am-5pm
 Facility Closed: December 25th

HOURS: _____